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Mar 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000084055 (8)

1. Corporation Name
CARIBE CAFE, INC.

Principal Place of Business

124 DUVAL STREET
KEY WEST FL 33040

Mailing Address

124 DUVAL STREET
KEY WEST FL 33040-8562



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 State, Apt. #, etc.		26 State, Apt. #, etc.		10/08/1996			
22 City & State		27 City & State		4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HAJKO, PAUL
28 GOLF CLUB DRIVE
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name HAJKO, Michael
82 Street Address (P.O. Box Number is Not Acceptable) 28 GOLF COURSE DR
83
84 City Key West FL FL 85 Zip Code 33040

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Paul Hajo

(NOTE: Registered Agent signature required when registering)

3/10/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	HAJKO, PAUL	1.2 NAME	Hajko, Michael
STREET ADDRESS	28 GOLF CLUB DRIVE	1.3 STREET ADDRESS	28 Golf Course Dr
CITY - ST - ZIP	KEY WEST FL 33040	1.4 CITY - ST - ZIP	Key West FL 33040
TITLE	VPD	2.1 TITLE	VPD
NAME	HAJKO, MICHAEL	2.2 NAME	ALINA HAJKO
STREET ADDRESS	28 GOLF CLUB DRIVE	2.3 STREET ADDRESS	28 GOLF CLUB DR
CITY - ST - ZIP	KEY WEST FL 33040	2.4 CITY - ST - ZIP	Key West FL 33040
TITLE	TD	3.1 TITLE	
NAME	HAJKO, ALENA	3.2 NAME	
STREET ADDRESS	28 GOLF CLUB DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	KEY WEST FL 33040	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed, or on an attachment with an address.

SIGNATURE:

Paul Hajo MICHAEL HAJKO President

1/21/97

305 294 8509

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)